

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

26666 ^A
①

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis** (No. **Christian Hosp.t.**)

File No.....
Registered No. **7949**
St. Ward)

2. FULL NAME Vencenzina Marroni

(a) Residence. No. 2001 Edwards St. St. 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **June 9 1929**

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	I	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)..... **St. Louis**
(STATE OR COUNTRY) **Mo.**

10. NAME OF FATHER **Salvatore Marroni**

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... **Italy**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Vencenzina Sinnorino**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... **Italy**
(STATE OR COUNTRY)

14. INFORMANT Salvatore Marroni
(Address) 2001 Edwards St

15. FILED 1929 May 20 1929
REGISTRAR

2. MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **July 30 1929**

17. I HEREBY CERTIFY, That I attended deceased from 7-2-29, 19... to 7-30-29, 19... that I last saw him alive on 7-30-29, 19... and that death occurred, on the date stated above, at 8:10 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Enterocolitis

119R
158 (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Atropia
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTACTED
IF NOT AT PLACE OF DEATH.....
At home

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) Richard W. Roberts M.D.
, 19... (Address) 718 Braumond Med Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **St Peter - Paul** DATE OF BURIAL **July 31 1929**

20. UNDERTAKER **Paul C Calcaterra** ADDRESS **1921 Cooper St**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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